

Food & Formula Reference Guide

(FFRG)

WIC Foods, Infant Formulas, Exempt Infant Formulas, Medical Foods, and Food Packages

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Missouri Department of Health and Senior Services
WIC and Nutrition Services

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A. GUIDELINES FOR ISSUING INFANT FORMULAS, EXEMPT INFANT FORMULAS AND MEDICAL FOODS

1. **Qualifying Conditions - Issuance of Missouri WIC Approved Foods, Infant Formulas, and Special Formulas** (Exempt Infant Formulas Medical Foods) **New!**

Participant Category	Qualifying conditions including but not limited to:	Non-qualifying conditions
Infants	<ol style="list-style-type: none"> 1. Premature birth 2. Low birth weight 3. Failure to thrive 4. Inborn errors of metabolism/metabolic disorders 5. Gastrointestinal disorders 6. Malabsorption syndromes 7. Immune system disorders 8. Severe food allergies requiring an elemental formula 9. Life threatening disorders, disease and medical conditions that impair ingestion, digestions, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Non-specific formula or food intolerance (e.g. fussiness, gas, spitting up, constipation, and colic) 2. Diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require use of an exempt infant formula
Children and Women	<ol style="list-style-type: none"> 1. Premature birth --- children only 2. Failure to thrive 3. Inborn errors of metabolism/metabolic disorders 4. Gastrointestinal disorders 5. Malabsorption syndromes 6. Immune system disorders 7. Severe food allergies requiring an elemental formula 8. Life threatening disorders, disease and medical conditions that impair ingestion, digestions, absorption, or the utilization of nutrients that could adversely affect the participant's nutritional status 	<ol style="list-style-type: none"> 1. Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages 2. Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition

2. **No formula for Breastfed Infants (0-1 month old)** (ER# 207600) **New!**
 No formula should routinely be provided to breastfeeding infant the first month after birth in order for the mother to establish her milk supply.
Partial Breastfeeding Infants who receives less than or equal to the maximum amount of formula allowed for partially breastfed infants are not given any formula in the 1st month.
3. **Issuance of Milk-Based Contract Formulas** **New!**

Enfamil LIPIL with Iron is the primary rebate infant milk based formula and should be issued unless another formula is requested. Enfamil Premium LIPIL and Gentlease LIPIL may be issued without a trial of Enfamil LIPIL if the participant requests either of these.

4. **Infants (6-11 months old) Who Receive Exempt Formula, but Not Receive WIC Infant Foods (ER# 2.07000) New!**
 Infants (6-11 months old) whose medical condition prevents them from consuming complementary infant foods (infant cereal, infant fruit, infant vegetables, and infant meat) may receive formula at the same maximum monthly allowance as infants ages 4 - 5 months of the same feeding option. However, MOWINS does not allow issuance of checks with additional cans of formulas. Contact the State office to arrange a direct shipment for the additional cans.
5. **Issuance of Infant Formulas to children**
 Medical documentation must be completed. The maximum approval length per request is 6 months. The approval authority for issuing infant formulas or exempt infant formulas to infants also applies for issuing infant formulas and exempt formulas to children. See the column: "Approval Authority" on page 11-16. Scan the medical documentation in MOWINS.
6. **Issuance of Formulas in Nursette (2-3 oz) to Children**
 The Missouri WIC program does **NOT** approve requests for infant formulas in nursette (2 fl oz or 3 fl oz) to children.
7. **Formulas Not Listed on the Food & Formula Reference Guide (FFRG)**
 Contact State WIC office at 1-800-392-8209 for approval.
8. **Non-Contract Infant Formulas**
 The Missouri WIC program does **NOT** approve requests for non-contract infant formulas. Examples are listed in the table below:

Similac with Iron, Similac Advance with Iron	Good Start Essentials
Similac Sensitive	Good Start Supreme DHA and ARA
Similac Isomil Advance with Iron	Good Start Supreme Soy DHA and ARA
Similac Isomil with Iron	Good Start Natural Cultures
Similac Sensitive R.S.	All store brand milk and soy based infant formulas.

9. **Issuance of Special Formulas (Medical Foods)**
 The Missouri WIC program does NOT approve requests for medical foods issued to infants when the medical foods are intended to be used for children and/or women.
10. **Issuing Ready-To-Use (feed) Formula (ER# 2.07600)**
 Ready-to-use (feed) formula should be used only in circumstances where it is essential. See the policy.
11. **Dilutions**
 Any dilutions that deviate from the standard dilution require Registered Dietitian (WIC) or State WIC nutritionist approval. Local WIC provider (CPA) must document the mixing instructions in the general notes in MOWINS.
12. **Extra Formulas/ Unused Formulas**

Contact **Michelle Nienhuis** at Michelle.Nienhuis@dhss.mo.gov when you have extra formula. The unused formulas can be used by another agency. The listing of extra/unused formulas will be e-mailed to local WIC agencies on a monthly basis through the WIC UPDATE. The State WIC office is responsible for shipping costs.

13. **Dented Cans of Formula**

- a. Participants should be educated not to purchase dented cans of formula from the store and not to use the formula if they later realize the can is dented.
- b. Formula may arrive in dented cans when your agency receives a direct shipment of a special formula. The shipment should be inspected at the time of delivery. Open the box and inspect all cans. Dented cans should not be accepted. Contact **Michelle Nienhuis** at Michelle.Nienhuis@dhss.mo.gov to follow up with the manufacturer on the replacement for the dented cans.
- c. If the shipment of formula was signed for and the can damage was noticed later, contact **Michelle Nienhuis** at Michelle.Nienhuis@dhss.mo.gov to follow up with the manufacturer on the replacement for the dented cans. In most cases, the manufacturer will send a recall slip to the LWP to pay for return shipping. The Missouri WIC office does not issue dented cans of formula or pay for dented cans. If you need assistance, contact the State WIC office at 1-800-392-8209.

14. **Direct Shipment ---- IMPORTANT**

Follow the Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods) on Page 16.

Local WIC Provider's Responsibilities

- a. When the shipment arrives, the local WIC provider is responsible for verifying the shipment. When the participant or guardian picks up the formula, the agency will provide the allowed amount to the participant.
- b. Do not exceed the monthly maximum allowance.
- c. The participant/guardian must sign the packing slip.
- d. Indicate on the slip the quantity of formulas given to the participant.
- e. Scan the packing slip into MOWINS.
- f. Keep track of the date and the quantity of formulas given to the participant in the general note in MOWINS.

Holding Back Extra Formulas (when direct shipping)

The LWP shall issue only the maximum allowed amount of formula based on participants WIC category or as indicated by the participant's physician's orders on WIC 27 form. Extra cans/bottles of formula remaining from the order must be kept in the WIC clinic for the client for the next time the order is made. In case no additional order of the same formula will be made, please refer to guideline #12 above: "Extra Formulas/ Unused Formulas" for additional directions.

For example, when the State WIC office places an order, local WIC providers will receive 5 cases (120 cans) of Bright Beginnings Soy Pediatric Drink (BBSPD) from PBM Products LLC.

- a. Do not provide all 5 cases (120 cans) to the participant.
- b. The monthly maximum allowance of BBSPD is 113 cans even though a physician may prescribe more than 113 cans per month.
 - If a physician prescribes 3 cans per day, provide only 93 cans per month and keep the 27 cans for the next month.
 - If a physician prescribes 4 cans per day, provide only 113 cans and keep 7 cans for the next month.

15. **Human Milk Fortifier (HMF):**

- Contact the State WIC office at 1-800-392-8209 for approval.
- The State WIC office will ship a maximum of 50 packets of HMF at a time to the local WIC provider.
- Issuing a combination of HMF and formula is not allowed. **New!**
- HMF should not be given to infants younger than 2 weeks old.
- When LWP gets a request for HMF, the LWP must contact the State WIC office for approval and direct shipment.

Additional Calories Desired	Human Milk	Enfamil® Human Milk Fortifier
2 Calories/fl oz	50 mL (1.69 fl oz)	1 packet
4 Calories/fl oz	25 mL (0.85 fl oz)	1 packet

[Note]

HMF is for very low birth weight (VLBW) infants and is specifically designed to be used as a supplement to be added to mother's own milk. Low birth weight infants fed human milk in the hospital will be supplemented with HMF from 2 weeks of age until they are approximately 2kg (4.4 pounds) in body weight. Usually the infant will not need supplementation post hospital discharge; however, if the infant is discharged prior to obtaining the 2 kg (4.4 pounds) goal or there are other medical indications determined by their physician the infant may require HMF post hospital discharge.

16. **Food Items For State Office Use Only**

Local WIC staff should not use the food items listed below: (These are for state office staff only.)

POWDER USDA EXEMPT FORMULA (VOID)
LIQUID CONCENTRATE USDA EXEMPT FORMULA (VOID)
RTF USDA EXEMPT FORMULA (VOID)

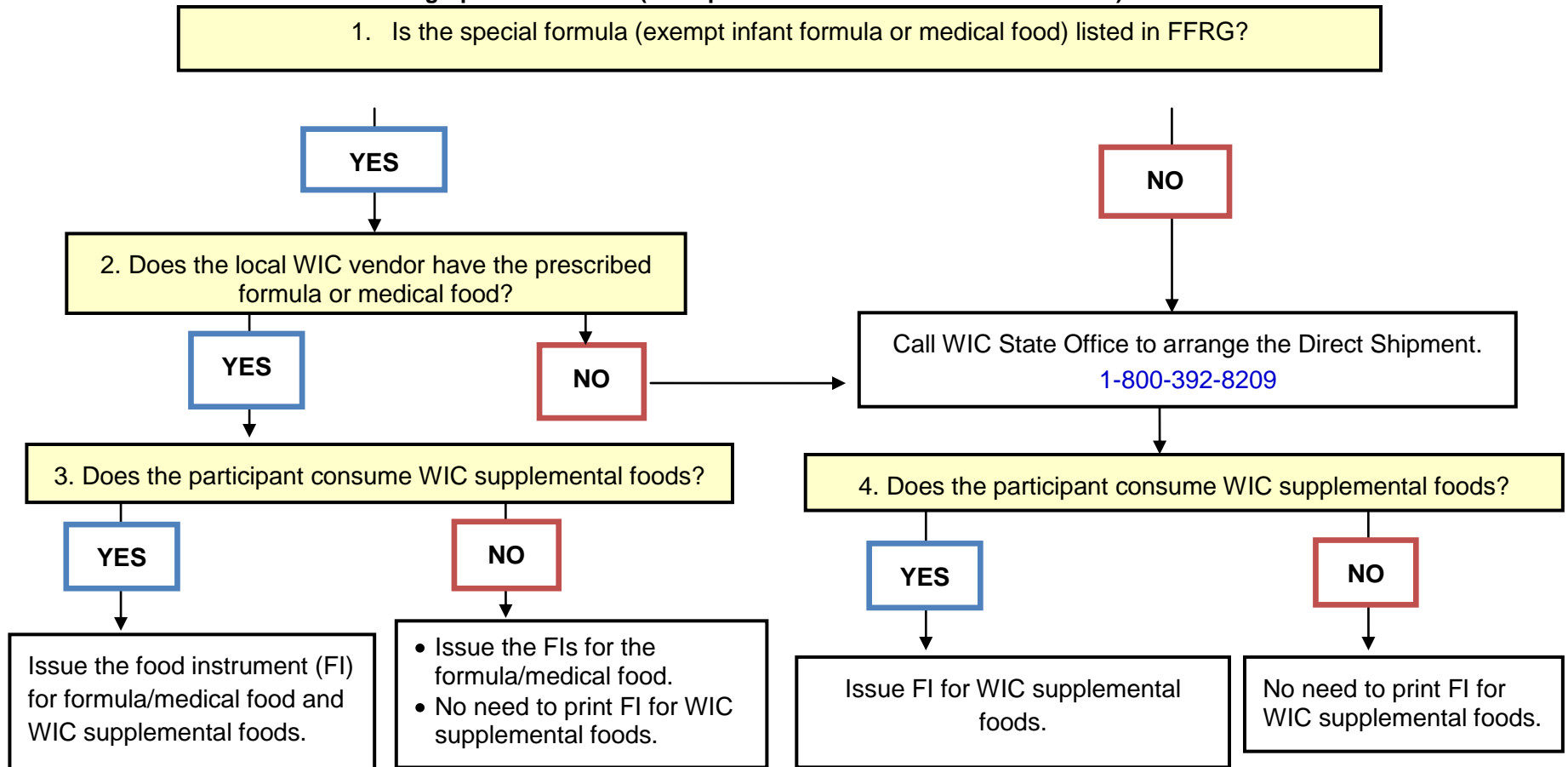
17. **Returned Infant Formula Conversion Table - From Powder to Concentrate & Ready-To-Use/Feed**

This conversion table can be used when participants return an unused formula.

For example, when a participant returns three cans of Enfamil LIPIL (Powder) and requests Enfamil LIPIL (Conc.), issue 9 cans of Enfamil LIPIL (Conc.). For example, if a participant returns 4 cans of Enfamil LIPIL (Powder), you can provide 12 cans of Enfamil LIPIL (Conc.)

Conversion Table - Powder, Concentrate and Ready-To-Use/Ready To Feed Formulas			
Powder Formula (Can Size)	Number of Cans which is equivalent to 1 can of powder formulas		
	Powder Formulas	Concentrate Formula (13 fl oz)	Ready-To-Use/Feed Formulas (32 fl oz)
Enfamil LIPIL (12.9 oz)	1 can (94 fl oz)	3 cans	2 bottles
Enfamil Soy/ProSobee LIPIL (12.9 oz)	1 can (92 fl oz)	3 cans	2 bottles
Enfamil Premium LIPIL (12.5 oz)	1 can (90 fl oz)	3 cans	2 bottles
Enfamil Gentlease LIPIL (12 oz)	1 can (86 fl oz)	3 cans	N/A
Enfamil A.R. LIPIL (12.9 oz)	1 can (93 fl oz)	3 cans	2 bottles

18. **Decision Tree for Issuing Special Formulas (Exempt Infant Formulas and Medical Foods)**



[IMPORTANT]

- A. When the direct shipment is delivered, the LWP must:
1. Contact the participant or caregiver.
 2. Indicate the following information on the package slip
 - Quantity of formula/medical food given
 - Date formula/medical food given
 - Participant's signature
 - LWP Staff's signature
 3. Scan the packing slip in MOWINS.

- B. Issuing formula/medical food that was received from another LWP
Issue FIs for cereal and/or juice and quantity of formula to be purchased from WIC vendor.
- C. Human Milk Fortifier (HMF)
Contact the State WIC office for approval and direct shipment of HMF.

B. Missouri WIC Approved Infant Formulas and Special Formulas (Exempt Infant Formulas and Medical Foods)**1. Symbols, Acronyms, Abbreviations, and Definitions**

WIC Cert = WIC Certifier	RD = WIC Registered Dietitian	Conc. = Liquid Concentrate
Nutri = Local WIC Nutritionist	State Nutri = State WIC Nutritionist	R-T-F = Ready To Feed
CPA = Competent Professional Authority		R-T-U = Ready To Use

Soy* --- In MOWINS, you will need to select either "Milk-Based Formula" OR "Soy-Based Formula" when you issue checks. The categories are based on the protein source. Because there are only two choices in the current MOWINS, the State WIC office has chosen "Soy-based Formula" for the Exempt Infant Formulas and Medical Foods which do not fit either category, i.e. formulas with extensively hydrolyzed protein or free amino acids. You must choose "Soy" for the products with "Soy*" as indicated in this table. "Soy*" in the table above indicates products which are neither a milk-based formula nor a soy-based formula.

EleCare** --- In MOWINS, you will need to select one category from the four categories (Standard Formula, Exempt Infant Formula, Metabolic Formula, and Medical food) when you issue checks for EleCare. Therefore, the State WIC office has chosen "Medical Food" for products which belong to two categories (Exempt Infant Formula and Medical Foods). Based on the WIC Eligibility Category in the USDA WIC formula data base, EleCare is an Exempt Infant Formula and also a Medical Food. You must choose "Medical Food" when you issue a check for EleCare.

Reconstituted volumes for infants and children are different. Make sure to select the correct food item on the food prescription screen:

- **For infants:** Standard dilution (20 Cal/fl oz) (Reconstituted Volume = Approximately 95 fl oz/can)
- **For children:** Standard dilution (30 Cal/fl oz) (Reconstituted Volume = Approximately 64 fl oz/can)

Descriptions that Participants See on Checks	Descriptions that CPAs See on Screen
14.1 OZ ELE CARE	14.1 OZ ELE CARE - INFANT
14.1 OZ ELE CARE	14.1 OZ ELE CARE - CHILDREN
14.1 OZ ELE CARE DHA/ARA	14.1 OZ ELE CARE DHA/ARA - INFANT
14.1 OZ ELE CARE DHA/ARA	14.1 OZ ELE CARE DHA/ARA POWDER FOR CHILDREN

2. INFANTS – CONTRACT FORMULAS

Type	#	Contract Formulas	Milk OR Soy	Man ufact urer	Form	Size & Packagin g Size	Yield (fl oz)	Unit in MOWI N	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				C ⁴	Approval Authority
									See Age Table Below. ³			See Age Table Below. ³				See Age Table Below. ³					
									Age in Month			Age in Month				Age in Month					
									0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1 ³	1-3	4-5	6-11		
Contract Formulas	1	Enfamil LIPIL	Milk	MJN	PWD	12.9 oz	94	1 can	9	10	7	n/a ⁵	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri or RD
	2	Enfamil Premium LIPIL	Milk	MJN	PWD	12.5 oz	90	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	10	WIC Cert, CPA, Nutri or RD
	3	Gentlease LIPIL	Milk	MJN	PWD	12 oz	86	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	5 - 10	6 - 11	4 - 8	10	WIC Cert, CPA, Nutri or RD
	4	Enfamil LIPIL Soy LIPIL /ProSobee LIPIL	Soy	MJN	PWD	12.9 oz	92	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	WIC Cert, CPA, Nutri or RD
	5	Enfamil LIPIL	Milk	MJN	Conc.	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri or RD
	6	Enfamil Premium LIPIL	Milk	MJN	Conc.	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri or RD
	7	Enfamil Soy LIPIL /ProSobee LIPIL	Soy	MJN	Conc.	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	WIC Cert, CPA, Nutri or RD
	8	Enfamil LIPIL	Milk	MJN	RTU	32 fl oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	9	Enfamil Premium LIPIL	Milk	MJN	RTU	32 fl oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	10	Enfamil Soy LIPIL/ProSobee LIPIL	Milk	MJN	RTU	32 fl oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	11	Enfamil AR LIPIL ⁶	Milk	MJN	PWD	12.9 oz	93	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	CPA, Nutri or RD
	12	Enfamil AR LIPIL ⁶	Milk	MJN	RTU	32 fl oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD

^{1.} ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.

^{2.} > (Greater than) the maximum amount of formula allowed for partially breastfed infants.

^{3.} Infant Age Table

0-1	Infant 0 months to 1 month	1-3	Infant 1 month thru 3 months	6-11	Infant 6 months thru 11 months
0-3	Infants 0 months thru 3 months	4-5	Infant 4 months thru 5 months		

^{4.} C= Children. Issuing infant formula to children requires medical documentation.

^{5.} N/A - Not applicable. Partial Breastfeeding Infants (<= Max amount of formula) are not given any formula in the 1st month.

^{6.} Issuing Enfamil AR LIPIL to infants requires medical documentation.

3. INFANTS – SPECIAL FORMULAS (Exempt Formulas)

Ty pe	#	Special Formulas Medical Documentation Required; Max. Length of Approval: 6 months	Milk OR Soy	Manuf acture r	Form	Size & Packaging Size	Yield/ Unit in MOWI NS (fl oz)	Unit in MOWIN	Non Breastfeeding			Partially Breastfeeding¹ ≤ Max. Allowed				Partially Breastfeeding² > Max. Allowed				C⁴	Approval Authority
									See Age Table³ (Page 12)			See Age Table³ (Page 12)				See Age Table³ (Page 12)					
									(Age in Month)			(Age in Month)				(Age in Month)					
									0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11		
Premature Formulas	13	Enfacare LIPIL	Milk	MJN	PWD	12.8 oz	82	1 can	10	11	8	n/a⁵	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	11	CPA, Nutri or RD
	14	Enfacare LIPIL	Milk	Ross	RTF	32 fl oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	15	Similac Neosure	Milk	Ross	PWD	12.8 oz	85	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	16	Similac Neosure	Milk	Ross	RTF	32 fl oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
	17	Enfamil LIPIL with Iron (20 cal) - Non- Premature	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD
	18	Enfamil LIPIL with Iron (24 cal) - Non- Premature	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD
	19	Enfamil Premature LIPIL with Iron (20 cal)	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD
	20	Enfamil Premature LIPIL with Iron (24 cal)	Milk	MJN	RTU	2 fl oz 8 x 6- pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	Nutri. or RD
	21	Similac Special Care with Iron (20 cal)	Milk	Ross	RTF	2 fl oz 6 x 8- pack/case	16	8-pack	52	56	40	n/a	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. or RD
	22	Similac Special Care with Iron (24 cal)	Milk	Ross	RTF	2 fl oz 6 x 8- pack/case	16	8-pack	52	56	40	n/a	1 - 24	1 - 28	1 - 20	1 - 52	25 - 52	29 - 56	21 - 40	0	Nutri. or RD
Hypoallergenic Formulas	23	NeoCate Infant Formula	Milk	Nutricia	PWD	14 oz (4/case)	85	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	24	NeoCate Infant Formula DHA/ARA	Milk	Nutricia	PWD	14 oz (4/case)	85	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	25	Nutramigen AA	Milk	MJN	PWD	14.1 oz	98	1 can	8	9	7	n/a	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 7	9	CPA, Nutri or RD
	26	Nutramigen LIPIL	Milk	MJN	Conc	13 fl oz	26	1 can	31	34	24	n/a	1 - 14	1 - 17	1 - 12	1 - 31	15 - 31	18 - 34	13 - 24	35	CPA, Nutri or RD
	27	Nutramigen LIPIL	Milk	MJN	RTU	32 fl oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD

Ty pe	#	Special Formulas Medical Documentation Required; Max. Length of Approval: 6 months	Milk OR Soy	Manuf acture r	Form	Size & Packaging Size	Yield/ Unit in MOWI NS (fl oz)	Unit in MOWIN	Non Breastfeeding			Partially Breastfeeding ¹ ≤ Max. Allowed				Partially Breastfeeding ² > Max. Allowed				C ⁴	Approval Authority
									See Age Table ³ (Page 12)			See Age Table ³ (Page 12)				See Age Table ³ (Page 12)					
									(Age in Month)			(Age in Month)				(Age in Month)					
									0-3	4-5	6-11	0-1	1-3	4-5	6-11	0-1	1-3	4-5	6-11		
	28	Nutramigen LIPIL with Enflora LGG	Milk	MJN	PWD	12.6 oz	87	1 can	10	11	8	n/a	1 - 5	1 - 6	1 - 4	1 - 10	6 - 10	7 - 11	5 - 8	10	CPA, Nutri or RD
	29	Pregestimil LIPIL	Milk	MJN	PWD	16 oz	112	1 can	7	8	6	n/a	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	8	CPA, Nutri or RD
	30	Pregestimil LIPIL (20 cal)	Milk	MJN	RTU	2 fl oz 8 x 6-pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri or RD
	31	Pregestimil LIPIL (24 cal)	Milk	MJN	RTU	2 fl oz 8 x 6-pack/case	12	6-pack	69	74	53	n/a	1 - 32	1 - 37	1 - 26	1 - 69	33 - 69	38 - 74	27 - 53	0	CPA, Nutri or RD
	32	Similac Alimentum	Milk	Ross	PWD	16 oz	115	1 can	7	8	6	n/a	1 - 3	1 - 4	1 - 3	1 - 7	4 - 7	5 - 8	4 - 6	7	CPA, Nutri or RD
	33	Similac Alimentum	Milk	Ross	RTF	32 oz	32	1 can	26	28	20	n/a	1 - 12	1 - 14	1 - 10	1 - 26	13 - 26	15 - 28	11 - 20	28	CPA, Nutri or RD
Other Exempt	34	Calcilo XD	Milk	Ross	PWD	13.2oz (6/case)	96	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 - 10	5 - 7	9	RD or State Nutri.
	35	Enfaport LIPIL	Milk	MJN	RTU	8 fl oz	8	1 can	104	112	80	n/a	1 - 48	1 - 56	1 - 40	1 - 104	49 - 104	57 - 112	41 - 80	113	RD or State Nutri.
	36	Similac PM 60/40	Milk	Ross	PWD	14.1 oz. 6/case	102	1 can	8	9	6	n/a	1 - 4	1 - 5	1 - 3	1 - 8	5 - 8	6 - 9	4 - 6	8	RD or State Nutri.
	37	EleCare**	Soy*	Ross	PWD	14.1 oz. 6/case	95	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 – 10	5 – 7	See Page 13	RD or State Nutri.
	38	EleCare** DHA/ARA	Soy*	Ross	PWD	14.1 oz. 6/case	95	1 can	9	10	7	n/a	1 - 4	1 - 5	1 - 4	1 - 9	5 - 9	6 – 10	5 – 7	See Page 13	RD or State Nutri.
	39	Enfamil Human Milk Fortifier	Soy*	MJN	PWD	0.71 g/packet (50 pts/carton)	0.85	1 can	0	0	0	n/a	180	0	0	180	180	0	0	0	State Nutri

1. ≤ (Less than or equal to) the maximum amount of formula allowed for partially breastfed infants.

2. > (Greater than) the maximum amount of formula allowed for partially breastfed infants.

3. **Infant Age Table**

0-1	Infant 0 months to 1 month	1-3	Infant 1 month thru 3 months	6-11	Infant 6 months thru 11 months
0-3	Infants 0 months thru 3 months	4-5	Infant 4 months thru 5 months		

4. C= Children. Issuing infant formula to children requires medical documentation.

5. N/A - Not applicable. Partial Breastfeeding Infants (≤ Max amount of formula) are not given any formula in the 1st month.

4. Special Formulas (Medical Foods) for Children and Women

#	Special Formulas for Children and Women Medical Documentation Required Max. Length of Approval: 6 months	Milk or Soy Base	Manufacturer	Type	Size and Packaging Size	Yield/ Unit in MOWINS (fl oz)	Unit in MOWIN	Children (QTY/Month)	Women (QTY/Month)	Approval Authority Max. Approval: 6 months
1	A-Soy	Soy	PBM	RTU	8 fl oz (6-pack)	48	6-pack	0	18	Nutri. or RD
2	Boost - All Flavors	Milk	Nestlé	RTU	8 fl oz (6-pack)	48	6-pack	0	18	Nutri. or RD
3	Boost Kid Essentials – Vanilla, Chocolate, Strawberry	Milk	Nestlé	RTU	8.25 fl oz (6-pack)	49.5	6-pack	18	0	Nutri. or RD
4	Boost Kid Essentials 1.5 cal - Vanilla (Direct Shipment only)	Milk	Nestlé	RTU	8 fl oz. (27/case)	8	1 can	113	0	State Nutri.
5	Boost Kid Essentials with Fiber 1.5 cal Vanilla (Direct Shipment only)	Milk	Nestlé	RTU	8 fl oz. (27/case)	8	1 can	113	0	State Nutri.
6	Bright Beginnings Soy Pediatric Drink	Soy	PBM** [Nestlé]	RTU	8 fl oz. (6-pack)	48	6-pack	18	0	Nutri. or RD
8	E028 Splash - All Flavors	Soy*	Nutricia	RTU	8 fl oz. (27/case)	8	1 can	113	0	RD or State Nutri.
9	EleCare***	Soy*	Ross	PWD	14.1 oz (6/case)	64	1 can	14	0	RD or State Nutri.
10	EleCare DHA/ARA ***	Soy*	Ross	PWD	14.1 oz (6/case)	64	1 can	14	0	RD or State Nutri.
11	Enfagrow Premium OR Enfamil Next Step LIPIL (Requires Medical Documentation)	Milk	MJN	PWD	24 oz (6/case)	171	1 can	5	0	CPA, Nutri or RD
12	Enfagrow Premium NEW (Requires Medical Documentation)	Milk	MJN	RTU	32 fl oz (6/case)	32	1 can	28	0	CPA, Nutri or RD
14	Enfagrow Soy OR Enfamil Next Step ProSobee (Requires Medical Documentation)	Soy	MJN	PWD	24 oz (6/case)	161	1 can	5	0	CPA, Nutri or RD
15	Enfagrow Gentlease NEW (Requires Medical Documentation)	Milk	MJN	PWD	24 oz (6/case)	169	1 can	5	0	CPA, Nutri or RD
16	Ensure - All Flavors	Milk	Ross	RTU	8 fl oz 6-pack	48	6-pack	0	18	Nutri. or RD
17	Ensure - Vanilla	Milk	Ross	PWD	14 oz (6/case)	56	1 can	0	16	Nutri. or RD
18	KetoCal (3:1)	Milk	Nutricia	PWD	11 oz. (6/case)	≈ 107	1 can	8	0	RD or State Nutri.
19	KetoCal (4:1)	Milk	Nutricia	PWD	11 oz. (6/case)	≈ 51	1 can	17	0	RD or State Nutri.
20	Neocate Junior - All Flavors	Milk	Nutricia	PWD	14 oz. (6/case)	66	1 can	13	0	RD or State Nutri.
21	Neocate One + Powder	Soy*	Nutricia	PWD	60 g (2.1oz) (15/case)	8	1 packet	113	0	RD or State Nutri.

#	Special Formulas for Children and Women Medical Documentation Required Max. Length of Approval: 6 months	Milk or Soy Base	Manufacturer	Type	Size and Packaging Size	Yield/ Unit in MOWINS (fl oz)	Unit in MOWIN	Children (QTY/Month)	Women (QTY/Month)	Approval Authority Max. Approval: 6 months
22	Nutren Junior - Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	107	0	Nutri. or RD
23	Nutren Junior with Fiber - Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	107	0	Nutri. or RD
24	Pediasure - All Flavors	Milk	Ross	RTU	8 fl oz. (24/case)	48	6-pack	18	0	Nutri. or RD
25	Pediasure Enteral	Milk	Ross	RTU	8 fl oz. (24/case)	48	6-pack	18	0	Nutri. or RD
26	Pediasure with Fiber - Vanilla	Milk	Ross	RTU	8 fl oz. (24/case)	48	6-pack	18	0	Nutri. or RD
27	Pepdite Junior	Soy*	Nutricia	PWD	1.8 oz (15/case)	8	1 can	113	0	RD or State Nutri.
28	Peptamen Jr. – Unflavored Vanilla, Chocolate, Strawberry	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State Nutri.
29	Peptamen Jr. 1.5 Unflavored	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State Nutri.
30	Peptamen Jr. with Fiber Vanilla	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State Nutri.
31	Peptamen Jr. with Prebio Vanilla	Milk	Nestlé	RTU	8.45 fl oz (24/case)	8.45	1 can	107	0	RD or State Nutri.
32	Peptamen – Unflavored /Vanilla	Milk	Nestlé	RTU	8.45 fl oz (24/case).	8.45	1 can	0	107	RD or State Nutri.
33	Peptamen with Prebio - Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	0	107	RD or State Nutri.
34	Peptamen 1.5 Unflavored /Vanilla	Milk	Nestlé	RTU	8.45 fl oz. (24/case)	8.45	1 can	0	107	RD or State Nutri.
35	Portagen	Milk	MJN	PWD	16 oz. (6/case)	72	1 can	12	12	RD or State Nutri.
36	Super Soluble Duocal	Soy*	Nutricia	PWD	14.1 oz. (4/case)	Varies ⁶ (91)	1 can	10	10	RD or State Nutri.
37	Suplena	Milk	Ross	RTU	8 fl oz (24/case)	8	1 can	113	113	RD or State Nutri.
38	Tolerex	Soy*	Nestlé	PWD	2.82 oz. (60/case)	10	1 can	0	91	RD or State Nutri.
39	Vital Jr. Vanilla, Strawberry	Milk	Ross	RTU	8 fl oz (24/case)	8	1 can	113	0	RD or State Nutri.
40	Vivonex Pediatric	Soy*	Nestlé	PWD	1.7 oz. (36/case)	8.4	1 can	108	0	RD or State Nutri.
41	Vivonex T.E.N.	Soy*	Nestlé	PWD	2.84 oz. (60-2.84 oz packets/case)	10	1 can	0	91	RD or State Nutri.

⁶ Yield varies and it is dependent on age, body weight and medical condition of the participant. A dilution rate must be determined by a physician.

5. Guidelines for Issuing Metabolic Formulas

#	Metabolic Formulas	Milk OR Soy	Manufacturer	Physical Form	Sizes	Packaging	ELIGIBLE CATEGORY			Guidelines
							Infants	Children	Women	
1	BCAD 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	<ul style="list-style-type: none"> ▪ Medical Documentation: Medical documentation is required to issue all metabolic formulas. ▪ Approval Length: 3 months ▪ Approval Authority: State Nutritionist ▪ Monthly Allowance: Local WIC provider should obtain instructions for the correct amount of water and powder from participant's physician. Product yield per can (fl oz) for 1 can product varies. The monthly allowance for the participant can be determined based on instructions from physician and not exceed amount allowed by WIC program if WIC is a primary payer. ▪ Payer of Metabolic Formulas and Documentation: <ol style="list-style-type: none"> 1. If the participant does not have private medical insurance, the DHSS Metabolic Formula Program (DHSS MFP) is the primary payer. 2. Notify the participant or the parent/guardian that the DHSS MFP is the primary payer for the prescribed formula and give referral. 3. Inform the participant or the parent/guardian that WIC cannot issue WIC checks for the metabolic formula, but may issue checks for other foods in the food package as prescribed. 4. While waiting approval from the DHSS MFP, the CPA shall proceed with the issuance of metabolic formula using the WIC food package III <u>up to 3 months</u>. 5. Scan the completed medical documentation form into MOWINS and document the payment source in the SOAP notes. 6. Follow-up must be done and documented in the SOAP notes to assure the nutritional needs of the participant are being met. • Missouri Department of Health & Senior Services - Metabolic Formula Program Website: http://www.dhss.mo.gov/MetabolicFormula/ Telephone: 573-751-6266 or 800-877-6246 Confidential Fax: 573-751-6185 Email: Info@dhss.mo.gov
2	GA	Soy*	MJN	PWD	16 oz	6/case	varies	varies	varies	
3	HCY 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
4	HCY 2	Soy*	MJN	PWD	16 oz	6/case	0	varies	varies	
5	Ketonex 1	Soy*	Ross	PWD	14.1 oz	6/case	0	varies	varies	
6	Ketonex 2	Soy*	Ross	PWD	14.1 oz	6/case	0	varies	varies	
7	LMD	Soy*	MJN	PWD	16 oz	6/case	varies	varies	varies	
8	MSUD Analog	Soy*	Nutricia	PWD	14 oz.	4/case	varies	varies	0	
9	MSUD Maxamaid	Soy*	Nutricia	PWD	14 oz.	4/case	0	varies	0	
10	MSUD Maxamum	Soy*	Nutricia	PWD	14 oz.	4/case	0	0	varies	
11	OA 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
12	OA 2	Soy*	MJN	PWD	16 oz	6/case	0	varies	varies	
13	Periflex Infant	Soy*	Nutricia	PWD	14 oz	4/case	varies	varies	0	
14	PFD 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
15	PhenexTM 1	Soy*	Ross	PWD	14.1 oz.	6/case	varies	varies	0	
16	PhenexTM 2	Soy*	Ross	PWD	14.1 oz.	6/case	0	varies	varies	
17	Phenyl-Free 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
18	TYROS 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
19	WND 1	Soy*	MJN	PWD	16 oz	6/case	varies	varies	0	
20	WND 2	Soy*	MJN	PWD	16 oz	6/case	0	varies	varies	
21	XPhe Maxamaid	Soy*	Nutricia	PWD	16 oz.	4/case	0	varies	0	
22	XPhe Maxamum	Soy*	Nutricia	PWD	16 oz.	4/case	0	0	varies	

[NOTE] The appropriate concentration of metabolic formulas may vary between individuals and over time. Therefore, the volume yield per can must be determined based on the mixing instructions and prescription from the physician. No single mixing ratio would suffice for the variety of genetic variations and patient conditions.

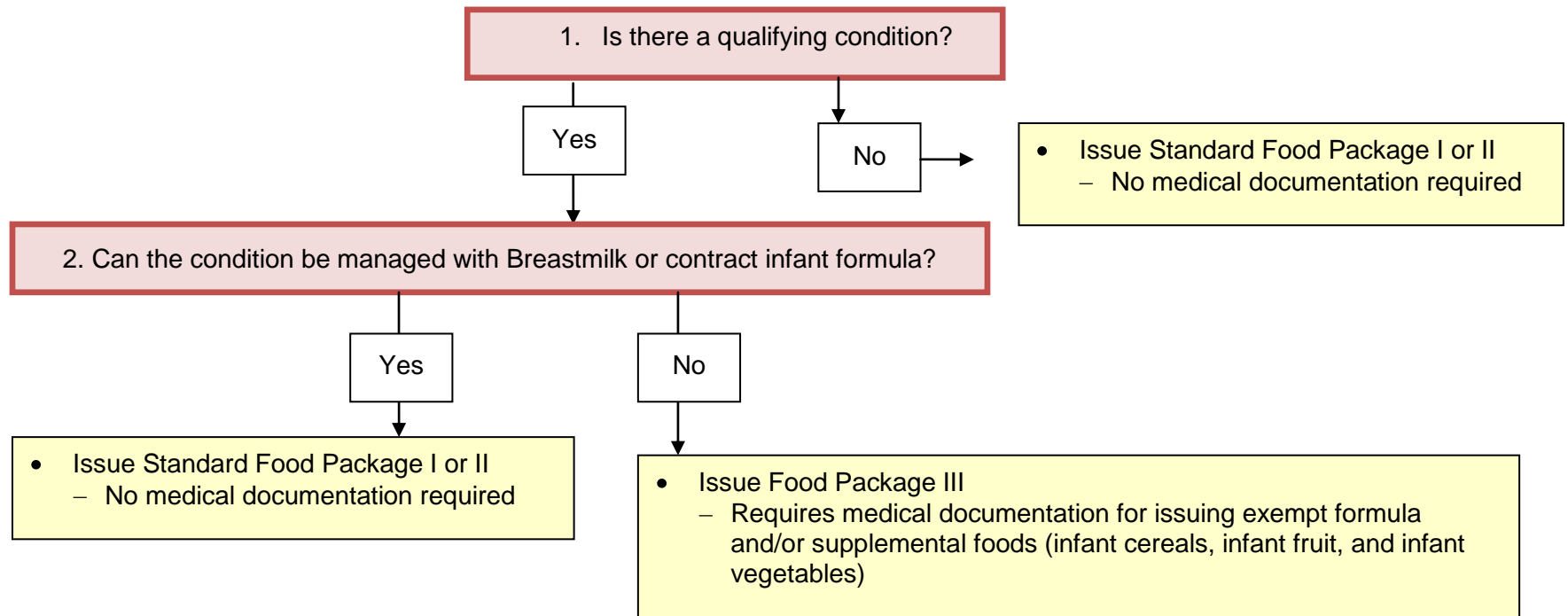
6. Maximum Monthly Allowance of Supplemental Food for Food Package III

Foods	Infants		Children	Women		
	0-5 Months	6-11 Months	1 - 4 years	Pregnant & Partially Breastfeeding	Non-Breastfeeding	Fully Breastfeeding
WIC Formulas*	See Page 10-12	See Page 10-12	See Page 10-15	See Page 13-15	See Page 13-15	See Page 13-15
Infant Cereal	0	24 oz	32 ounces infant cereal may be substituted for 36 ounces adult cereal.	0	0	0
Infant Fruit and Vegetables	0	32- 4 oz. containers	0	0	0	0
Juice, single strength	0	0	128 fl. oz. (2-64 oz container)	144 fl. oz. (3-46 oz. can/12oz. frozen)	96 fl. oz. (2-46 oz. can/12oz. frozen)	144 fl. oz. (3-46 oz. can/12oz. frozen)
Milk, fluid	0	0	16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal	0	0	36 oz.	36 oz.	36 oz.	36 oz.
Cheese	0	0	0	0	0	1 lb.
Eggs	0	0	1 dozen	1 dozen	1 dozen	2 dozen.
Fruits and vegetables	0	0	\$6.00	\$8.00	\$8.00	\$10.00
Whole wheat bread or Other Whole Grains	0	0	2 lb.	1 lb.	0	1 lb.
Fish (canned)	0	0	0	0	0	30 oz.
Legumes, dry/canned AND/OR Peanut Butter	0	0	1 lb. dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 lb. dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter	1 lb. dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 lb. dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter
Food package III is reserved for woman, infant, and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible medical food) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. * See pages for Missouri WIC approved formulas, exempt infant formulas, and medical foods and allowances.						

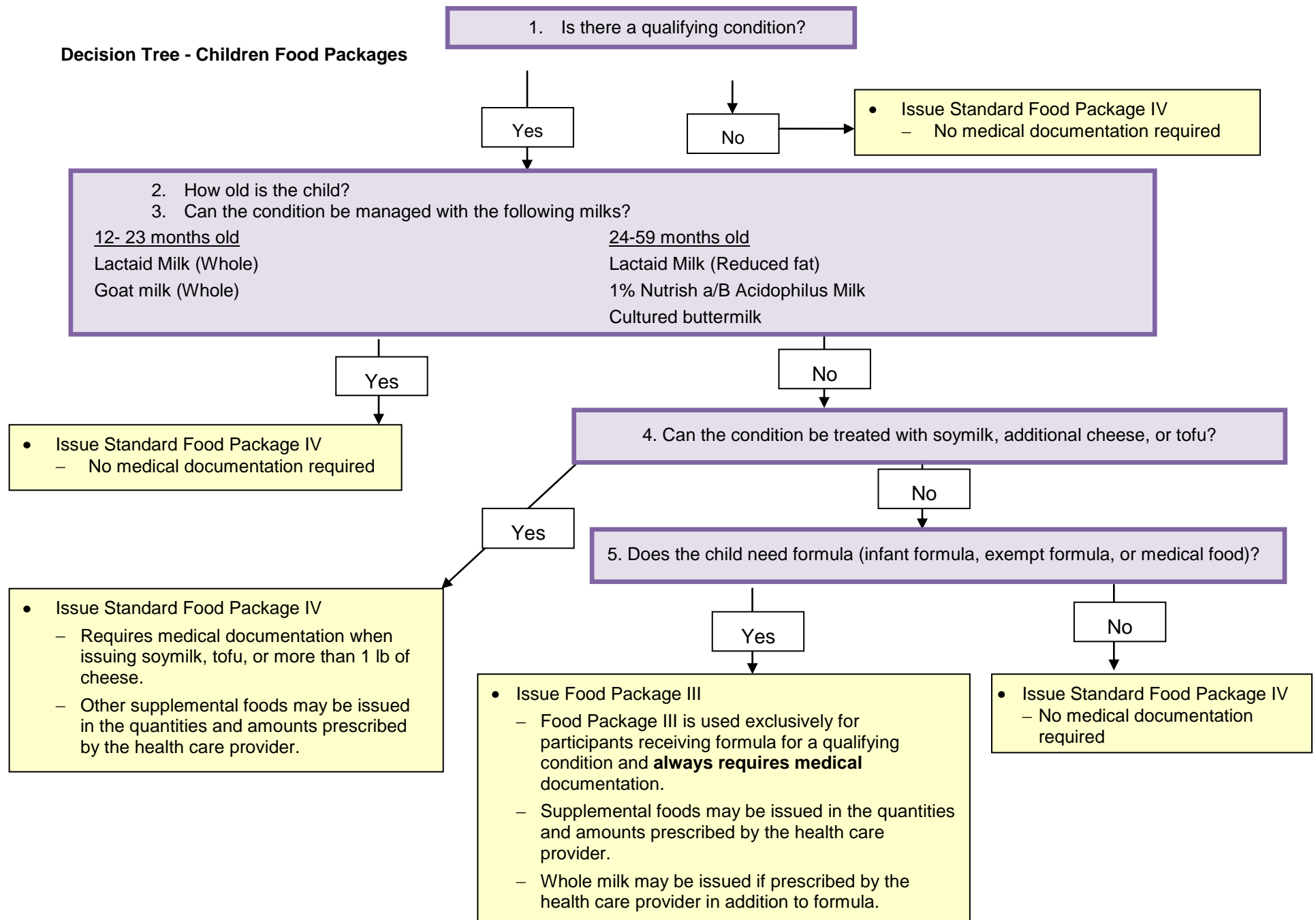
7. Formula Manufacturer's Information

Formula Manufacturer	Websites	Customer Service Phone Numbers
MJN = Mead Johnson Nutritionals	http://www.meadjohnson.com/	1-800-457-3550
Nutricia = Nutricia North America	http://www.shsna.com/	1-800-365-7354
Nestlé = Nestlé Nutrition	Product Information: http://www.nestle-nutrition.com/ Packaging Information: http://www.nestlenutritionstore.com/	1-800-422-ASK2 (2752) or 1-800-285-2889
PBM = PBM Products, LLC	http://www.pbmproducts.com/	1-800-272-5095 or 540-832-3282 (x1113)
Abbott Nutritionals (Ross)	Product Information: http://abbottnutrition.com/ Packaging Information: http://www.abbottstore.com/	1-800-551-5838

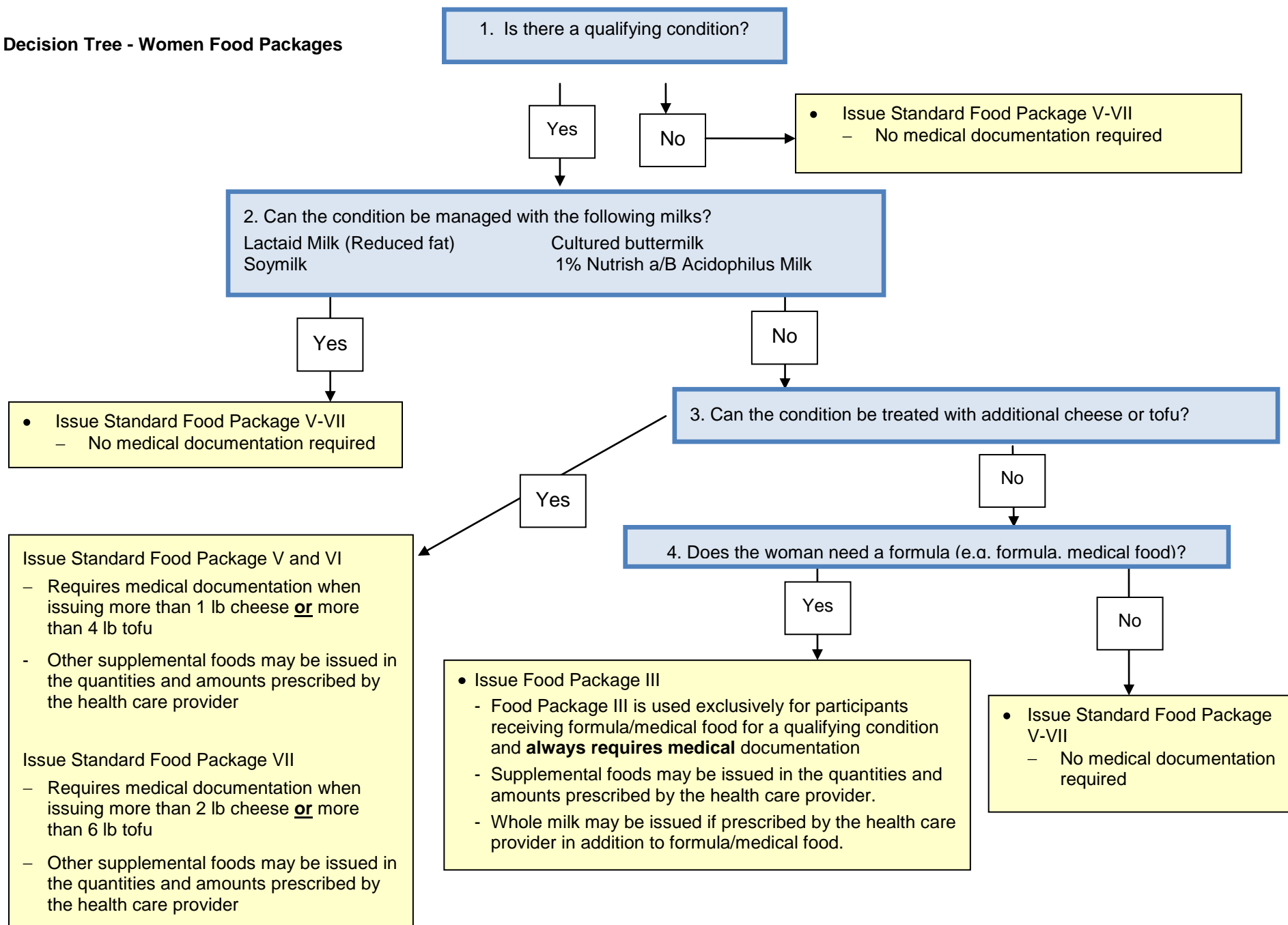
8. Decision Tree - Infant Food Packages



Decision Tree - Children Food Packages



Decision Tree - Women Food Packages



C. WIC APPROVED FOOD AND FOOD PACKAGES**1. Food Package Eligibility Categories**

Food Package	Eligibility Categories
Food Package I	<ul style="list-style-type: none"> • Infants Under Six Months
Food Package II	<ul style="list-style-type: none"> • Infants Six Through Eleven Months
Food Package IV (children)	<ul style="list-style-type: none"> • 12 – 23 months • 24 – 59 months
Food Package V (Pregnant and Partially Breastfeeding)	<ul style="list-style-type: none"> • Pregnant women with singleton pregnancies, who do not have a condition qualifying them to receive Food Package III. • Breastfeeding women, up to 1 year postpartum, who do not have a condition qualifying them to receive Food Package III and whose partially breastfed infants receive formula from the WIC program in amounts that do not exceed the maximum allowances.
Food Package VI (Non Breastfeeding)	<ul style="list-style-type: none"> • Women up to 6 months postpartum who are not breastfeeding their infants. • Breastfeeding women up to 6 months postpartum whose participating infant receives more than the maximum amount of formula allowed for partially breastfed infants.
Food Package VII (Fully Breastfeeding)	<ul style="list-style-type: none"> • Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC (these women are assumed to be fully breastfeeding their infants). • Pregnant women with two or more fetuses. • Women participants partially breastfeeding multiple infants from the same pregnancy. • Women fully breastfeeding multiple infants receive 1.5 times the supplemental foods provided in Food Package VII.

2. Standard and Default Food Packages – Children and Women

	Food Items	Food Package IV	Food Package V	Food Package VI	Food Package VII
		Children (1 – 4)	Pregnant & Partially Breastfeeding (≤ Max Allowed)	Non-Breastfeeding & Partially Breastfeeding (> Max Allowed)	Fully Breastfeeding
Standard Food Packages	Juice	2 – 64 oz. containers	3 – 46 oz. can or 12 oz. frozen	2 – 46 oz. can or 12 oz. frozen	3 – 46 oz. can or 12 oz. frozen
	Milk, fluid	4 gallons (16 quarts)	5 ½ gallons (22 quarts)	4 gallons (16 quarts)	6 gallons (24 quarts)
	Cheese	none	none	none	1 pound
	Breakfast Cereal	36 oz.	36 oz.	36 oz.	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$6.00	\$8.00	\$8.00	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.
Default Food Packages	Legumes, dry/canned and/or Peanut Butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>OR</u> 1 - 18 oz. jar peanut butter	1 pound dry beans <u>OR</u> 4-16 oz. cans <u>AND</u> 1 - 18 oz. jar peanut butter
	Juice	2 – 64 oz. containers	3 – 46 oz. can or 12 oz. frozen	2 – 46 oz. can or 12 oz. frozen	3 – 46 oz. can or 12 oz. frozen
	Milk, fluid	3 gallons (12 quarts)	4 1/2 gallons (18 quarts)	3 gallons (12 quarts)	5 gallons (20 quarts)
	Evaporated milk	1 – 12 oz. can	1 – 12 oz. can	1 – 12 oz. can	1 – 12 oz. can
	Cheese	1 pound	1 pound	1 pound	2 pounds
	Breakfast Cereal	36 ounces	36 ounces	36 ounces	36 oz.
	Eggs	1 dozen	1 dozen	1 dozen	2 dozen
	Fruits & Vegetables	\$6.00	\$8.00	\$8.00	\$10.00
	Whole Grains	2 pounds	1 pound	none	1 pound
	Fish (canned)	none	none	none	30 oz.

Legumes, dry/canned and/or Peanut Butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans OR 1 - 18 oz. jar peanut butter	1 pound dry beans OR 4-16 oz. cans AND 1 - 18 oz. jar peanut butter
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3. Allowed Milk Listing And Medical Documentation Requirement

#	Milk	Allowed Size	Children		Pregnant Breastfeeding Partial ≤ max	Non-Breastfeeding Breastfeeding Partial > max	Fully Breastfeeding Women
			12-23 months	24-59 months			
1	Whole Milk	Gallon	Allowed	*	*	*	*
2	Evaporated Whole Milk	12 oz can	Allowed	*	*	*	*
3	Lactaid Whole Milk	½ gallon	Allowed	*	*	*	*
4	Evaporated Goat Milk (Whole)	12 oz can	Allowed	*	*	*	*
5	Soy milk – ORIGINAL (8 th Continent brand)	½ gallon	*	*	Allowed	Allowed	Allowed
6	Milk (Skim – 2%)	½ gallon	**	**	Allowed	**	**
7	Milk (Skim – 2%)	Gallon	**	Allowed	Allowed	Allowed	Allowed
8	Skim Milk	Gallon	**	Allowed	Allowed	Allowed	Allowed
9	Evaporated Low Fat Milk	12 oz can	**	Allowed	Allowed	Allowed	Allowed
10	Cultured Buttermilk	Quart	**	Allowed	Allowed	Allowed	Allowed
11	Non-Fat Dry Milk	8 Quart-Box	**	Allowed	Allowed	Allowed	Allowed
12	Lactaid Low Fat Milk	½ gallon	**	Allowed	Allowed	Allowed	Allowed
13	1% Nutrish a/B Acidophilus Milk	½ gallon	**	Allowed	Allowed	Allowed	Allowed

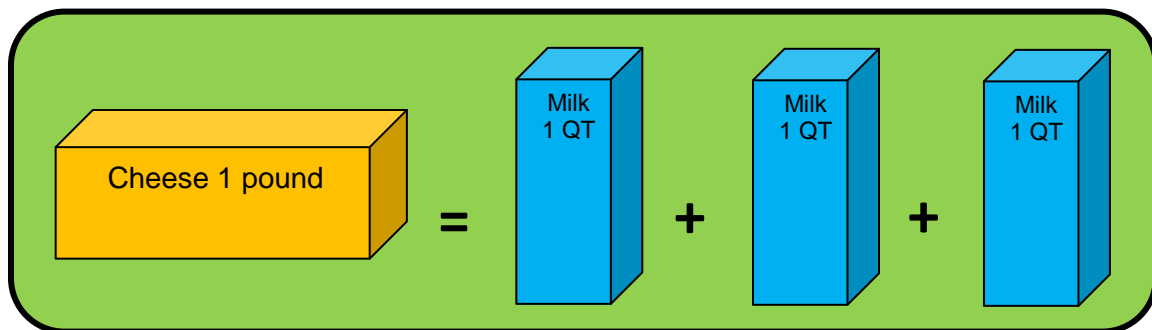
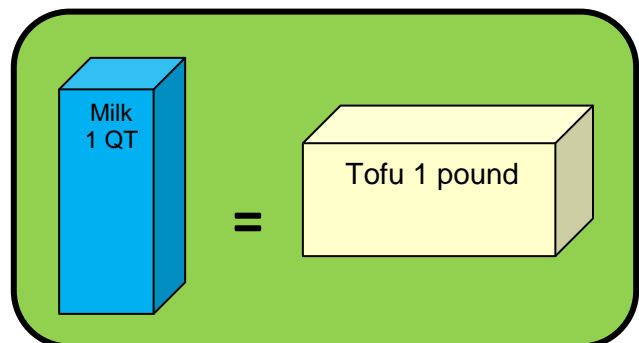
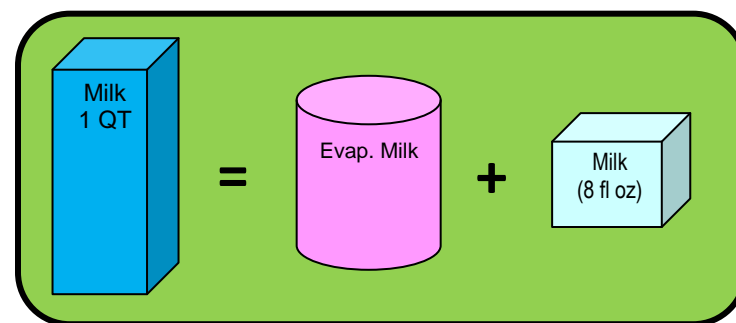
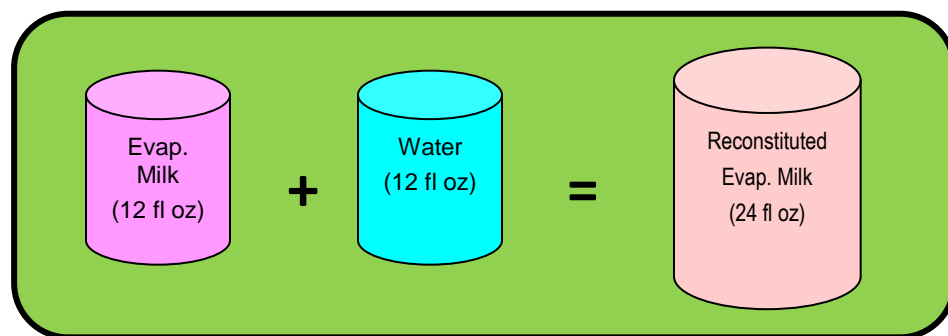
* Medical Documentation Required

** Not allowed to issue

4. Dairy (Milk) Substitutions Chart and Medical Documentation Requirement

Food Item	<u>Without Medical Documentation</u> (Maximum Substitution)	<u>With Medical Documentation</u> (Maximum Substitution)
Cheese 3 qts. milk = 1 lb. cheese 1 gal. milk = 1 lb. cheese and 1 -12 oz. can evaporated milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (2 lbs.) All Other Women (1 lb.) Children (1 lb.) 	<ul style="list-style-type: none"> Fully Breastfeeding Women 3 - 8 lbs. Pregnant & Partially BF Women 2 - 7 lbs. Postpartum Women 2 - 5 lbs. Children 2 - 5 lbs.
Tofu 1 qt. milk = 1 lb. of tofu	<ul style="list-style-type: none"> Fully Breastfeeding Women (6 lbs.) All Other Women (4 lbs.) 	<ul style="list-style-type: none"> Fully Breastfeeding Women 7 – 24 lbs. Pregnant & Partially BF Women 5 –22 lbs. Postpartum Women 5–16 lbs. Children 1– 16 lbs.
Soy Milk 1 qt. milk = 1 qt. soy milk	<ul style="list-style-type: none"> Fully Breastfeeding Women (24 qts.) Pregnant & Partially BF Women (22 qts.) Postpartum Women (16 qts.) 	<ul style="list-style-type: none"> Children 1 - 16 qts.

5. Milk, Evaporated Milk/Evaporated Goat Milk And Cheese Conversions



6. Conversion of Fluid Milk to Evaporated Milk/Evaporated Goat Milk (12 fl oz. can) and Cheese

Milk	Cheese AND Evaporated Milk (Evaporated Goat Milk)	Evaporated Milk (Evaporated Goat Milk)
1 qt milk		Issue 1 can Evaporated Milk
2 qt milk		Issue 2 cans Evaporated Milk
3 qt milk	Cheese 1 pound	Issue 4 cans Evaporated Milk
4 qt milk (1 gallons)	Cheese 1 pound + 1 can Evaporated Milk	Issue 5 cans Evaporated Milk
5 qt milk	Cheese 1 pound + 2 cans Evaporated Milk	Issue 6 cans Evaporated Milk
6 qt milk	Cheese 2 pounds	Issue 8 cans Evaporated Milk
7 qt milk	Cheese 2 pounds + 1 can Evaporated Milk	Issue 9 cans Evaporated Milk
8 qt milk (2 gallons)	Cheese 2 pounds + 2 cans Evaporated Milk	Issue 10 cans Evaporated Milk
9 qt milk	Cheese 3 pounds	Issue 12 cans Evaporated Milk
10 qt milk	Cheese 3 pounds + 1 can Evaporated Milk	Issue 13 cans Evaporated Milk
11 qt milk	Cheese 3 pounds + 2 cans Evaporated Milk	Issue 14 cans Evaporated Milk
12 qt milk (3 gallons)	Cheese 4 pounds	Issue 16 cans Evaporated Milk
13 qt milk	Cheese 4 pounds + 1 can Evaporated Milk	Issue 17 cans Evaporated Milk
14 qt milk	Cheese 4 pounds + 2 cans Evaporated Milk	Issue 18 cans Evaporated Milk
15 qt milk	Cheese 5 pounds	Issue 20 cans Evaporated Milk
16 qt milk (4 gallons)	Cheese 5 pounds + 1 can Evaporated Milk	Issue 21 cans Evaporated Milk
17 qt milk	Cheese 5 pounds + 2 cans Evaporated Milk	Issue 22 cans Evaporated Milk
18 qt milk	Cheese 6 pounds	Issue 24 cans Evaporated Milk
19 qt milk	Cheese 6 pounds + 1 can Evaporated Milk	Issue 25 cans Evaporated Milk
20 qt milk (5 gallons)	Cheese 6 pounds + 2 cans Evaporated Milk	Issue 26 cans Evaporated Milk
21 qt milk	Cheese 7 pounds	Issue 28 cans Evaporated Milk

Milk	Cheese AND Evaporated Milk (Evaporated Goat Milk)	Evaporated Milk (Evaporated Goat Milk)
22 qt milk	Cheese 7 pound + 1 can Evaporated Milk	Issue 29 cans Evaporated Milk
23 qt milk	Cheese 7 pound + 2 cans Evaporated Milk	Issue 30 cans Evaporated Milk
24 qt milk (6 gallons)	Cheese 8 pounds	Issue 32 cans Evaporated Milk

7. Food Items In MOWINS

#	Food Items in MOWINS	NOTE
1	OUNCES INFANT CEREAL - APPROVED BRANDS	▪ Issuing infant cereal to children requires medical documentation.
2	4 OZ JARS INFANT FRUITS/VEGGIES APPROVED ITEMS ONLY	
3	2.5 OZ JARS INFANT MEATS APPROVED ITEMS ONLY	
4	OUNCES CEREAL - APPROVED TYPES/SIZES	
5	POUND CHEESE - STORE BRAND/GENERIC	• See Page 24 for medical documentation requirement.
6	DOZEN EGGS - LARGE, WHITE	
7	1 LB DRY BEANS OR 4 - 16 OZ CAN BEANS OR 18 OZ PEANUT BUTTER	
8	ONE POUND DRY BEANS OR 4 - 16 OZ CAN BEANS	
9	18 OZ JAR PEANUT BUTTER - STORE BRAND	
10	46/12 OZ JUICE APPROVED TYPES/SIZES	• Not allowed for children.
11	64 OZ JUICE APPROVED TYPES/SIZES	• Not allowed for women.
12	16 OZ WHOLE WHEAT BREAD/TORTILLA APPROVED ITEMS ONLY	
13	16 OZ BROWN RICE STORE BRAND ONLY	
14	32 OZ BROWN RICE STORE BRAND ONLY	• Allowed for only children.
15	6 (5 OZ CANS) OR 5 (6 OZ CANS) TUNA WATERPACK	• A combination of canned tuna, salmon, and sardines is not allowed.
16	6 (5 OZ) OR 5 (6 OZ) OR 4 (7.5 OZ) CANS PINK SALMON	• A participant must choose one item among tuna, salmon, and sardines.
17	8 (3.75 OZ) SARDINES WATER OR SOYBEAN OIL PACK	
19	FOR FRESH/FROZEN FRUITS OR VEGETABLES	

18	12-16 OZ PKG TOFU APPROVED ITEMS ONLY	<ul style="list-style-type: none"> • Number of tofu packages is determined based on milk to tofu conversion rate of 1 qt = 1 lb. • Participants are allowed to purchase any size of WIC approved tofu. • See Page 24 for medical documentation requirement.
20	OUNCES GENERAL MILLS RICE CHEX GLUTEN FREE CEREAL	<ul style="list-style-type: none"> • Can be issued only to participants with Risk Factor 354.
21	HALF GALLON SOY MILK 8TH CONTINENT ORIGINAL PLAIN	<ul style="list-style-type: none"> • See Page 23-24 for medical documentation requirement.

8. Guidelines for Issuing WIC Approved Foods to Homeless Participants (ER# 2.08100)

Refer to the homeless default food packet set-up in MOWINS.